



## GME Patient Safety & Quality Improvement Newsletter

### Meet Steven Yung, MD, FAAP

Dr. Yung has been an Assistant Professor in Pediatric Critical Care Medicine at Mount Sinai since 2011. (cont'd p.2)

### Great Catch Award Recipient

Dr. Ruth Nir, MD, is PGY-3 resident in Pediatrics at the Mount Sinai Hospital. (cont'd p.3)

### Lean Bronze Belt Training

Two residents who recently completed the Lean Bronze Belt Training, sponsored by the Office of GME and the MSSL Lean Lab. (cont'd p.4)

### Sinai CareTeam App

At the start of the 2018-19 Academic Year we launched the [Sinai CareTeam App](#), a web-based smartphone app directory to facilitate greater inter-professional communication. (cont'd p.5)

### CLER

CLER, the Clinical Learning Environment Review, is the ACGME's program to work with hospitals to assess six domains. (Cont'd p.6)

### Message From

### Dr. Brijen Shah, MD

Associate Dean for GME in QI/Patient Safety, Mount Sinai Hospital

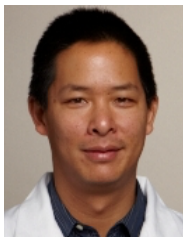


Dear MSH Residents, Faculty and QI Leadership:

Spring is finally here! In this issue of the GME QI and Patient Safety Newsletter we are proud to feature the work of two residents who recently completed the LEAN Bronze Belt Training sponsored by the Office of GME and the MSSL Lean Lab. We are starting to prepare for our bi-annual CLER site visit from the ACGME (see inside). We look forward to seeing the amazing Quality and Safety work being done by our house staff at the various departmental research days and the GME Office Research Day which occur throughout this season.

Sincerely,

Brijen J. Shah, MD  
Associate Dean for GME in QI/Patient Safety,  
Mount Sinai Hospital



## Meet Steven Yung, MD, FAAP

Assistant Professor, Pediatric Critical Care Medicine, Kravis Children's Hospital  
Co-Director, Pediatrics Quality Assessment and Improvement  
Medical Director of Patient Safety MSHS

Dr. Yung has been an Assistant Professor in Pediatric Critical Care Medicine at Mount Sinai since 2011. He completed his General Pediatric Residency, Chief Resident year, and Pediatric Critical Care Medicine Fellowship training at Weill Cornell Medical College / New York Presbyterian Hospital. He is a fellow of the American Association of Pediatrics and an active member of the Society of Critical Care Medicine.

Dr. Yung's clinical interest and expertise cover the breadth and depth of Pediatric Critical Care Medicine, and he has a special interest in treatment of children with respiratory failure, septic shock, solid organ transplant needs, and congenital cardiac abnormalities.

Dr. Yung has been recognized for his education of the Pediatric Residents at Mount Sinai, having been awarded Attending of the Year in 2011. Previously he had won teaching awards during residency. He is active in the education of medical students rotating through in pediatrics.

In addition to his clinical and educator roles, Dr. Yung is Medical Director of Pediatrics Quality and Safety for Mount Sinai Health System. In this role, he has led projects such as Stop Sepsis for the institution, as well as serving as mentor to Pediatric Residents and Fellows. He is the physician lead for Kravis Children's participation in the Child Health Patient Safety Organization and the Solution for Patients Safety.

**What is your role in Quality Improvement/Patient Safety at MSH?**

I am the medical director for pediatric quality improvement and patient safety for the health system.

**What is your recent QI/Patient Safety success story? (if you have something where the residents were vital even better!)**

We are focused on error prevention techniques in pediatrics. There are 3 behavioral expectations for error prevention: 1) Everyone is personally committed to safety; 2) Everyone is accountable for clear and complete communication; 3) Everyone welcomes a questioning attitude. As we have rolled this out in pediatrics, when I see residents use some of the tools (such as the name game when receiving bedside handoff), I am heartened to think that we are changing the culture.

**What are the unique aspects of quality and patient safety for your role in a children's hospital?**

Pediatrics by nature involves the whole family. We work hard to engage the family members to be partners in safety with us, and rely heavily on our family- and youth advisory councils to help steer our work. In addition, the collaborative nature of Pediatric Hospitals has allowed us to participate in the New York State-wide and National safety community through Solutions for Patient Safety, a national children's hospital network focused on safety. We learn from each other and have unified goals to prevent harm in hospitalized children – prevention of unplanned extubations and central line



infections are the collaborative's two focuses for 2019 and 2020.

**What advice to you have for residents and fellows interested in a career in QI and Patient Safety? How can they get involved now?**

The work is never dull. There is plenty of opportunity for scholarly work, citizenship, and administrative work. You get to influence and spark changes in a very complex work environment. It is quickly becoming a basic

expectation that all physicians participate in QI and safety activities, so if the opportunity arises to get formally trained in quality improvement science, take it. For Pediatrics, the I2S2 course run out of Cincinnati Children's is particularly good. When I was in training, someone gave me the advice to speak to administrators and ask about their career path – administration is not something that we learn in training but it is fascinating to see how physicians get to do some (or a lot) of administration.

## Great Catch Award Recipient

**Reuth Nir, MD PGY-3 resident  
Pediatrics, Mount Sinai Hospital.**



**Shirish Huprikar, MD (Left)  
Reuth Nir, MD (Right)**

A baby was admitted to the PICU undergoing treatment with antibiotics for potential sepsis pending culture results.

The order for Cefotaxime expired overnight, causing the baby to miss 2 doses over 12 hours. In the morning, I reviewed the baby's medications/orders on rounds and realized the Cefotaxime was missing so I reordered it to ensure the baby received adequate coverage moving forward.



The baby ultimately did well and did not appear to sustain any harm from the missed doses. Someone subsequently reported the event in a MERS, resulting in me receiving the Great Catch Award. To be honest, I'm not sure I did anything extraordinary; I was really just doing my job, providing patient care with due diligence. I very much appreciate the recognition and Sinai's overall commitment to patient safety.



## Lean Bronze Belt Training - Sponsored by the GME Office and MSSL Lean Lab



### Karl B. Bezak, MD

Hospice and Palliative Medicine Fellowship  
The Mount Sinai Hospital

The inpatient palliative care teams at Mount Sinai are often consulted to assist in clarifying treatment preferences and goals of care for patients while hospitalized. These important decisions regarding code status, health care proxy, and other vital aspects of their care ultimately must be transferred from the hospital setting to outpatient providers to aid in clinical decision-making after discharge.

In this quality improvement (QI) project, we developed a multifaceted educational initiative to improve inpatient palliative clinician placement of an EPIC dot-phrase that contains patient-specific treatment preferences and goals of care information in the discharge section of the after-visit summary. Thus far after only a few months, our QI group has helped inpatient palliative care teams to increase their use of this dot-phrase from zero to over 60 percent. This improvement in communication of treatment preferences and goals of care is an important step towards optimizing patient-centered quality medical care that patients receive both at Mount Sinai Hospital and in the community.

Through working with leadership in the Department of Geriatrics and Palliative Medicine at Mount Sinai, I formulated and submitted a problem statement for a position in the inaugural GME-sponsored Lean Bronze Belt Certification Program. Through participation in this opportunity I gained important understanding and skills that have helped our team to think more thoroughly through our project described above and implement effective, well-reasoned, and effective PDSA cycles.

Working as a team with my co-fellows, Drs. Cristian Serna-Tamayo, Carl-Philippe

Rousseau, and Megha Patel as well as faculty advisor, Dr. Segun Apeso has been an impactful learning experience that has strengthened my personal understanding of both leadership and collaboration.

Clearly, quality improvement is a team sport that requires proper planning, persistent effort, and patience as well as a diverse skill set that only a team working together can effectively provide. Lessons learned through my participation in this project will be applicable to future projects, and have encouraged me to pursue to other opportunities in leadership and health system improvement.



### Anish Parikh, MD

Hematology and Medical Oncology Fellowship  
The Mount Sinai Hospital

Psychosocial distress screening is now widely recognized to be an integral component of comprehensive cancer care, though screening rates generally remain very low across the country, and at Mount Sinai hospitals this leads to unrecognized symptoms and under-treatment, with resultant negative effects on compliance, clinical outcomes, and patient satisfaction/experience scores.

After extensive observation, analysis, and discussion with relevant stakeholders, we chose to simplify the distress screening process by first focusing on depression screening. We are hoping to optimize this particular process by incorporating the PHQ2 screening tool into the workflow of infusion nurses taking care of patients starting new lines of cancer therapy upon diagnosis, progression, and recurrence.

The GME Lean Management Training Program gave me the knowledge and skill set needed to study this complicated clinical process in order to identify opportunities for clinically and operationally meaningful improvement.

**The GME Office Plans to offer the Lean Bronze Belt Training again in the 2019-2020 academic year. More details to come soon!**



## Sinai CareTeam App

Dear Residents/Fellows:

At the start of the 2018-19 Academic Year we launched the [Sinai CareTeam App](#), a web-based smartphone app directory to facilitate greater inter-professional communication and want to again encourage you to both download the app and share your feedback by completing a brief form found [here](#) as we look at continued ways to improve the app and increase utilization. We will shortly begin the process of developing content for MSBI, MSSLW and NYEEIMS.

Use 'Submit an Edit/Comment' to provide feedback, update contact information, suggestions of guides, and new information to add to the app.

We hope that many of you who have not already done so will download the app and use it; we would greatly appreciate your feedback as we work to continue to improve its effectiveness.

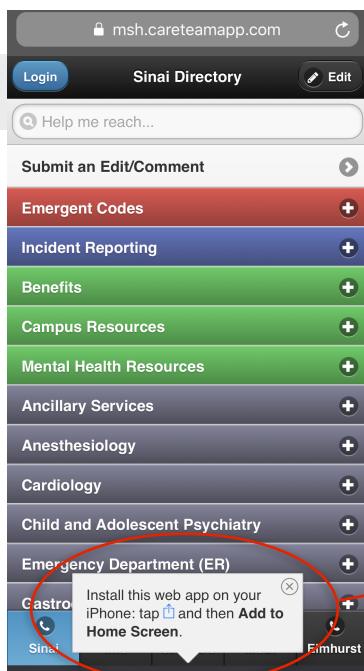
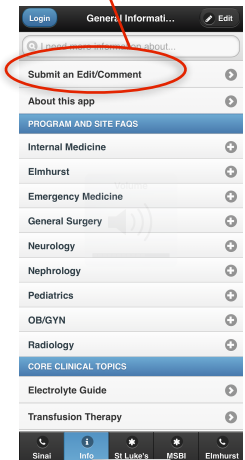
Please reach out to [mountsinaiqi@gmail.com](mailto:mountsinaiqi@gmail.com) for any questions you may have about the app and/or use the App's **Submit Edit/Comment** functionality for any additions or corrections you wish to submit.



Kathleen Li, MD  
PGY4, MSH Emergency Medicine



Suhavi Tucker, MD  
PGY3, MSH Internal Medicine



### Download Instructions:

- Open your Browser and go to [www.msh.careteamapp.com](http://www.msh.careteamapp.com)
- Once the page loads a pop out will appear providing with the option to add the web app to the homepage.
- Click on the link 'Add to Home Screen'
- Upon completion the app will be accessible from your phone

Click on this pop out to install the app on your phone.



CLER, the Clinical Learning Environment Review, is the ACGME's program to work with hospitals to assess six domains that relate to working and learning in Graduate Medical Education. Over the next few issues, we will provide you with

information to prepare you for this visit.

There are six CLER domains (figure 1). Site visitors will conduct walk rounds and interview health care team members, observe handoffs and rounds, and conduct town hall style sessions using an audience response system asking about each area.

What can you do?

- Ensure you are performing handoffs using templates. Perform them in a private area (not the hallway!).
- Do you know your supervision policy? If not ask your program leadership.
- Click on MERS. Enter a report or know how you can.
- Know how you would get assistance if you felt fatigued.

There is a CLER working group and we are actively looking for faculty, nurses, and residents to join. Reach out to Muhammad Khalid for more information.

We anticipate a visit between April and August 2019. Let's all take a moment to make sure we are prepared to let ISSMS GME and MSHS shine!

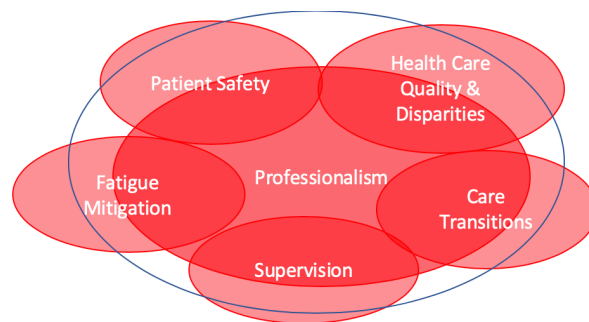


Figure 1. CLER Domains

## Event Reporting

We want and need to hear from you!

Mount Sinai Hospital uses MERS for any team member to report a patient safety or staff safety event or near miss. What you see, hear, and experience is important to help patient safety and clinical leadership focus on areas for improvement.

Help us by reporting, visit: <https://mers.mountsinai.org/production/main>

